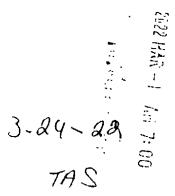


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Special Instructions to Filing Officer:





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COVER LETTER

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TO: Registration S Division of Co			
	PERTY MANAGEMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
			·
		Name of Person	
	Neal S. Litman, P.A.		
		Firm/Company	
	169 E. Flagler Street, Suite	2 500	
		Address	
	Miami, FL 33131		
	Isabel@litmanlawyer.com	City/State and Zip Code	
	E-mail address; (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
Neal S. Litman		305 579-0074 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1407 PROPERTY MANAGEMENT LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Co	mpany were filed on 10/28/2021	and assigned
lorida document number L21000468233	<u>.</u> .	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ed liability company here:	
707 PROPERTY MANAGEMENT LLC		
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		622
Principal office address MUST BE A STREET ADDRI	<u> </u>	
	<u></u>	0 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>enter th</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	
	, Flor	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			Change
			□Add
			Remove
			Change
			Remove
			Change
			□Remove
			□Change

					
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block tument's effective date on the Department's	k does not meet the ap	pplicable statutory	or more than 90 days after filing requirements, this	r filing.) Pursuant	to 605.020 be listed a
cord specifies a delayed effective of sfiled.	late, but not an effecti	ive time, at 12:01 a	.m. on the earlier of: (t	o) The 90th da	y after th
ed	. 2022				

. . . .

Filing Fee: \$25.00